



# ATM ERROR/COMPLAINT FORM

**FOR Y-12 MEMBERS ONLY  
NON MEMBERS WILL NEED TO FILE THE DISPUTE THROUGH THEIR FINANCIAL INSTITUTION**

MEMBER INFORMATION		
Account Number		Card Number
Name	Home Phone	Work Phone
Mailing Address	City	State, ZIP
ATM INFORMATION		
ATM Location	Terminal ID#	Serial/Sequence Number
Date/Time of Withdrawal	Amount Requested	Amount Received

**DESCRIBE ERROR/COMPLAINT IN DETAIL. PLEASE BE AS SPECIFIC AS POSSIBLE.  
ATTACH COPY OF RECEIPT OR STATEMENT IF AVAILABLE**

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\_\_\_\_\_   
Date

\_\_\_\_\_   
Signature

MSC: \_\_\_\_\_   
(internal use only)

Payment Solutions Use Only	
Date Received: _____	JV Date: _____
Card Captured: _____	Total Amt: _____
Cams: _____	Closed: _____